

STANDARD CERTIFICATE OF DEATH

State File No. 26377

Registration District No. 836

Primary Registration District No. 6102

Registrar's No. 33

1. PLACE OF DEATH

- (a) County Stoddard
 (b) City or town Parma R. E. L. R. T.
 (c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution (Specify whether

In this community.
years, months or days)

3. (a) PRINT FULL NAME

Warren James Smith Jr.

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex M 2. Color or race C
 5. (b) Name of husband or wife

6. (a) Single, widowed, married,
divorced SA

6. (c) Age of husband or wife if

alive years

7. Birth date of deceased May 17 1940
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 1 7 hr. min.

9. Birthplace Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation self

11. Industry or business

12. Name Warren J. Smith Jr.

13. Birthplace 1 Ark
 (City, town, or county) (State or foreign country)

14. Maiden name Cora Beckman

15. Birthplace 1 Ark
 (City, town, or county) (State or foreign country)

16. (a) Informant Warren J. Smith Jr.

- (b) Address Parma R. E. L. R. T.

17. (a) Burial (b) Date thereof 6-22-41
 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Parma Cem

18. (a) Signature of funeral director none

- (b) Address Stoddard

19. (a) 7-21-41 (b) D. J. Smith
 (Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Stoddard

- (c) City or town Parma R. E. L. R. T.
 (If outside city or town limits, write "RURAL")

- (d) Street No. (If rural, give location)

- (e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
 year 1941 hour 1 minute 00 P. M.

21. I hereby certify that I attended the deceased from June 20
20, 1941, to June 21, 1941;
 that I last saw him alive on June 20, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death

White

Due to

Due to

Other conditions
(include pregnancy within 3 months of death)Major findings:
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify)

- (b) Date of occurrence

- (c) Where did injury occur? (City or town) (County) (State)

- (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)

23. Signature D. J. Smith (M. D. or other)Address Parma R. E. L. R. T. Date signed 6/21/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Office No. 2

District File Number 841-1028

Date Filed 8-9-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.